

## Smoker Survey Follow Up 2016 Porter Novelli

Account Executive: Larry Osborn  
Project Manager: Lisa Jackson  
Contracted Length of Interview: 15 Minutes  
Start Fieldwork: 08/03/2016  
End Fieldwork: 09/30/2016

### I. SAMPLE VARIABLES

- KP standard demographics

### II. QUOTA CHECK BASED ON SAMPLE VARIABLES

### III. INTRODUCTION

<See main questionnaire>

### IV. SCREENER

### V. MAIN QUESTIONNAIRE

*SCRIPTER: Use default instruction text for each question type unless otherwise specified.*

*SCRIPTER: Do not prompt on all questions.*

### A Cigarette and EVP Product Use

PROGRAMMER NOTE: DO NOT PROGRAM INSTRUCTIONS/TEXT IN GRAY. THIS IS FOR CS TEAM REFERENCE ONLY

PROGRAMMER NOTE ON CODING THROUGHOUT:

PRE-LOAD THE FOLLOWING VARIABLES FROM THE 2015 SURVEY DATA: ECNOW, ECEVER  
REFUSED = -9 (INCLUDING IF Q NOT ASKED BECAUSE REFUSED ON PRIOR BRANCHING Q)]

Base: All respondents

*Everyone*

Single-Response Question #1

**CGNOW\_2 [S] [DOUBLE PROMPT]**

Do you **now** smoke cigarettes every day, some days, or not at all?

2	Every day
1	Some days
0	Not at all

DATA-ONLY VARIABLE: SMOKER [SP]

LOGIC:

IF CGNOW\_2 = 1 OR 2, SMOKER\_2 = 1;

IF CGNOW\_2 = 0, SMOKER\_2 = 2.

Current smoker ..... 1  
Recent Former smoker..... 2

*Non daily smokers*

Single-Response Question #1

**Base: If CGNOW\_2 = 0 OR 1 (NOT AT ALL OR SOME DAYS)**

**CGUSE30\_2 [s] [DOUBLE PROMPT]**

In the **past 30 days**, have you smoked a cigarette, even one or two puffs?

1	Yes
0	No

*Past 30-day Smokers*

Numeric Question #1

**Base: If CGUSE30\_2 = 1 or refused**

**CGFRQ30\_2 [Q]**

During the past 30 days, on how many days did you smoke cigarettes?

\_\_\_\_ Days **[RANGE 1-30]**

*Respondents who have not smoked a cigarette in the past 30 days.*

Single-Response Question #1

**Base: IF (CGNOW\_2 = 0 (not at all) or MISSING) and (CGUSE30\_2 = 0 (NO) or MISSING)**

**CG12MO\_2 [s] [DOUBLE PROMPT]**

Since August 2015, have you smoked a cigarette, even one or two puffs?

1	Yes
0	No

*Current smokers*

Numeric Question #1

**[IF CGNOW\_2 = 2 or 1 (every day or some days)]**

**CGDYQTY\_2 [Q]**

On average, on the days that you smoke, how many cigarettes a day do you smoke? A pack usually has 20 cigarettes in it.

\_\_\_\_ Cigarettes per day **[RANGE 1-120]**

## **B Electronic Vapor Products**

### **ELECTRONIC VAPOR PRODUCTS**

**Base: All respondents**

**EC [DISPLAY]**

Next, we'd like to ask about **electronic vapor products**, such as e-cigarettes, e-cigars, e-hookahs, e-pipes, vape pens, hookah pens and personal vaporizers/mods.

These devices are battery-powered and usually contain a nicotine-based liquid that is vaporized and inhaled. Some can be bought as one-time use, disposable products, while others are reusable with a rechargeable battery and a cartridge or tank system.

Disposable electronic vapor products, cartridges, and e-liquids come in many different flavors and nicotine concentrations. Some common brands include Fin, NJOY, Blu, e-Go and Vuse.

Please click on the images below to enlarge.

**[SHOW GENERIC IMAGE OF E-VAPOR PRODUCTS – CLICK IMAGE FOR HYPERLINK TO SOURCE]**



**DATA-ONLY VARIABLE: EVP\_1 [SP]**

**LOGIC:**

**IF XECNOW = 2 OR 3 OR 4 AND (XECEVER=2), EVP\_1 = 1;**

**IF XECEVER = 2 AND (XECNOW=1), EVP\_1 = 2.**

**IF XECEVER = 1, 3, 9 AND XECNOW=9 EVP\_1 = 3.**

Current Baseline EVP User.....	1
Former Baseline EVP User .....	2
Never Baseline EVP User .....	3

**Base: All respondents**

**EC1 [DISPLAY]**

As you answer the next set of questions on **electronic vapor products**, please think **ONLY** about use of these products **without** marijuana, marijuana concentrates, marijuana waxes, THC, or hash oils.

*Everyone*

Single-Response Question #1

**Base: All respondents**

**ECUSE30\_2 [s] [DOUBLE PROMPT]**

In the **past 30 days**, have you used electronic vapor products (such as e-cigarettes, e-cigars, e-hookahs, e-pipes, vape pens, hookah pens or personal vaporizers/mods), even one or two times?

1	Yes
0	No

*If used EVP in past 30 days*

Numeric Question #1

**Base: IF ECUSE30\_2 = 1 (yes)**

**ECFRQ30\_2 [Q]**

During the past 30 days, on how many days did you use electronic vapor products?

\_\_\_\_\_ Days **[NUMBER BOX, ALLOW 1-30]**

*Respondents who have not used an EVP in the past 30 days.*

Single-Response Question #1

**Base: IF ECUSE30\_2 = 0 (no)**

**ECUSEYR\_2 [s] [DOUBLE PROMPT]**

Since August 2015, have you used an electronic vapor product, even one or two times?

1	Yes
0	No

*If used EVP since August 2015 (Baseline survey)*

Single-Response Question #1

**Base: IF ECUSEYR\_2 = 1 (yes) or ECUSE30\_2 = 1 (Yes)**

**ECEVREG\_2 [s]**

Have you used electronic vapor products **fairly regularly** at any period of time since August 2015?

1	Yes
0	No

*If used EVPs since August 2015 (Baseline survey)*

Single-Response Question #1

**Base: IF ECUSEYR\_2 = 1 (yes) or ECUSE30\_2 = 1 (Yes)**

**ECNOW\_2 [s] [DOUBLE PROMPT]**

Do you **now** use electronic vapor products every day, some days, rarely, or not at all?

3	Every day
2	Some days
1	Rarely
0	Not at all

*If current user at baseline*

Numeric Question #1

**Base: IF EVP\_1 = 1**

**ECLTUSE\_2 [Q]**

About how long has it been since you last took a puff from an electronic vapor product?

**[IF ECUSE30\_2 = 1 (YES) PROMPT FOR NUMBER OF DAYS]**

\_\_\_\_\_ Days (If it was earlier today, enter 0 day) [RANGE 0-30]

**[If ECUSE30\_2 = 0 (NO) AND ECUSEYR\_2 = 1 prompt for number of months and convert to number of days before recording as value for ECLTUSE\_2]**

\_\_\_\_\_ Months [RANGE 1-12]

**DATA-ONLY VARIABLE: EVP\_2 [SP]**

**LOGIC:**

**IF EVP\_1 = 3 AND ECUSEYR\_2 = 0 EVP\_2 = 0**

**IF EVP\_1 = 1 AND ECNOW\_2 = (3 OR 2 OR 1), EVP\_2 = 1**

**IF EVP\_1 = (3 OR 2 OR MISSING) AND ECNOW\_2 = (3 OR 2 OR 1), EVP\_2 = 2**

**IF EVP\_1 = 2 AND ECUSEYR\_2 = 0, EVP\_2 = 3**

**IF [EVP\_1 = 1 AND (ECUSEYR\_2 = 0 (NO) OR ECNOW\_2 = 0 (NOT AT ALL))] OR [EVP\_1 = 2 AND ECNOW\_2 = 0 (NOT AT ALL)] OR [EVP\_1=3 AND ECNOW\_2=0(NOT AT ALL) AND (ECUSEYR\_2=1 (YES) OR ECUSE30\_2=1 (YES))], EVP\_2 = 4.**

Never EVP user.....	0
Still Current EVP user .....	1
New Current EVP user .....	2
Still Former EVP user .....	3
New Former EVP user .....	4

*New former EVP user.*

Single-Response Question #1

**Base: IF EVP\_2 = 4 (new former EVP user)**

**ECQT\_2 [S]**

Have you completely quit using electronic vapor products?

1	Yes
0	No
9	Don't Know

*New current EVP users and new former EVP users who were never EVP users at baseline*

Drop Down Question #2

**Base: if evp\_2 = 2 OR [evp\_1=3 and ecnow\_2=0(not at all) and (ecuseyr\_2=1 (yes) or ecuse30\_2=1 (yes))]**

**ECSTDT\_2 [DROP DOWN, NUMBER BOX]**

When did you first use an electronic vapor product?

\_\_\_\_\_ Month [DROP DOWN OF MONTHS] \_\_\_\_\_ Year [NUMBER BOX; RANGE 1998-2016]

**[S] DON'T KNOW**

*Respondents who have used EVPs since August 2015*

Single-Response Question #1

Base: IF ECUSEYR\_2 = 1 (yes) or ECUSE30\_2 = 1 (yes)

ECSITEV\_2 [s]

Since August 2015, did you use electronic vapor products in situations or places where you could not smoke regular cigarettes?

1	Yes
0	No
9	Don't remember

(Still/new) Current and new former EVP users

Single-Response Question #1

Base: IF EVP\_2 = 1, 2 or 4

ECTYPRCH\_2 [s]

Please think about the electronic vapor product you [IF EVP\_2 = 1 or 2 (CURRENT EVP USER): use / IF EVP\_2 = 4 (NEW FORMER EVP USER) OR EVP\_2 = MISSING: used] most of the time [IF EVP\_2 = 1 or 2 (CURRENT EVP USER): Is/ IF EVP\_2 = 4 (NEW FORMER EVP USER) OR EVP\_2 = MISSING: Was] your electronic vapor product rechargeable?

1	Yes
0	No
9	Don't know

(Still/new) Current and new former EVP users whose EVP is/was rechargeable

Single-Response Question #1

Base: IF ECTYPRCH\_2 = 1 (yes) or 9 (dk)

ECTYPCRT\_2 [s]

[IF EVP\_2 = 1 or 2 (CURRENT EVP USER): Does/ IF EVP\_2 = 4 (NEW FORMER EVP USER) OR EVP\_2 = MISSING: Did] your electronic vapor product use cartridges?

1	Yes
0	No
9	Don't know

(Still/new) Current and new former EVP users whose EVP is/was rechargeable and did not use a cartridge

Single-Response Question #1

Base: IF ECTYPCRT\_2 = 0 (no) or 9 (dk)

ECTYPTNK\_2 [s]

[IF EVP\_2 = 1 or 2 (CURRENT EVP USER): Does/ IF EVP\_2 = 4 (NEW FORMER EVP USER) OR EVP\_2 = MISSING: Did] your electronic vapor product use a tank system?

1	Yes
0	No
9	Not sure

Current and former EVP users

Multi-Response Question #1

Base: IF evp\_2 = 1-4

Scripter: IF ANY GRID ROW IS REFUSED, PROMPT WITH THE FOLLOWING TEXT: We would like to have your answers for each row in this question grid

ECFLVST\_2 [GRID]



**When you first started** using electronic vapor products, what flavor(s) did you use? Select yes or no for each flavor.

<b>ECFLVST_2_1.</b>	Mint, Wintergreen, Menthol
<b>ECFLVST_2_2.</b>	Fruit (e.g. cherry, blueberry, strawberry, watermelon, coconut, etc.)
<b>ECFLVST_2_3.</b>	Coffee (coffee or any related flavor – e.g. espresso, latte, cappuccino, etc.)
<b>ECFLVST_2_4.</b>	Candy or dessert flavors (e.g. caramel, vanilla, chocolate, ice cream, mud pie)
<b>ECFLVST_2_5.</b>	Spice (e.g. clove, cinnamon, nutmeg)
<b>ECFLVST_2_6.</b>	Alcohol or cocktail (e.g. wine, bourbon, rum, brandy, tequila, whiskey, beer, mai-tai, daiquiri)
<b>ECFLVST_2_7.</b>	Other drink or beverage (such as soda, energy drinks, or other beverages)
<b>ECFLVST_2_8.</b>	Tobacco flavor
<b>ECFLVST_2_9.</b>	Unflavored
<b>ECFLVST_2_10.</b>	Some other flavor ( <b>specify</b> ) [TEXTBOX] [PROMPT IF PUNCHED BUT TEXT BOX LEFT BLANK]

1	Yes
0	No

*Current and former EVP users*

Multi-Response Question #1

Base: IF evp\_2=1-4

Scripter: IF ANY GRID ROW IS REFUSED, PROMPT WITH THE FOLLOWING TEXT: We would like to have your answers for each row in this question grid

**ECFLV\_2 [GRID]**

**[IF EVP\_2 = 1 or 2 (CURRENT EVP USER) When you now use** an electronic vapor product, **IF EVP\_2 = 3 OR 4 (FORMER EVPUSER):] When you last used** an electronic vapor product, what flavor(s) did you usually use? Select yes or no for each flavor.

<b>ECFLV_2_1.</b>	Mint, Wintergreen, Menthol
<b>ECFLV_2_2.</b>	Fruit (e.g. cherry, blueberry, strawberry, watermelon, coconut, etc.)
<b>ECFLV_2_3.</b>	Coffee (coffee or any related flavor – e.g. espresso, latte, cappuccino, etc.)
<b>ECFLV_2_4.</b>	Candy or dessert flavors (e.g. caramel, vanilla, chocolate, ice cream, mud pie)
<b>ECFLV_2_5.</b>	Spice (e.g. clove, cinnamon, nutmeg)
<b>ECFLV_2_6.</b>	Alcohol or cocktail (e.g. wine, bourbon, rum, brandy, tequila, whiskey, beer, mai-tai, daiquiri)
<b>ECFLV_2_7.</b>	A non-alcoholic drink or beverage (such as soda, energy drinks, or other beverages)
<b>ECFLV_2_8.</b>	Tobacco flavor
<b>ECFLV_2_9.</b>	Unflavored
<b>ECFLV_2_10.</b>	Some other flavor ( <b>specify</b> ) [TEXTBOX] [PROMPT IF PUNCHED BUT TEXT BOX LEFT BLANK]

1	Yes
0	No

*Current and former EVP users*

Single-Response Question #1

Base: IF evp\_2=1-4

**ECNTCON\_2 [s]**

**[IF EVP\_2 = 1 or 2 (CURRENT EVP USER) What concentration of nicotine do you usually use? IF EVP\_2 = 3 OR 4 (FORMER EVP USER): What concentration of nicotine did you usually use?**

0	0 mg or 0% (no nicotine)
1	1-12 mg or 0.1-1.2%
2	13-17 mg or 1.3-1.7%
3	18-24 mg or 1.8-2.4%
4	25+ mg or 2.5+%
9	Don't know

*Respondents who have never used EVPs.at August 2015 and have not used since*  
Single-Response Question #1

**Base: IF EVP\_1 = 3 (never baseline evp user) and ECUSEYR\_2 = 0 (no)]**

**ECCUR\_2 [s]**

Have you ever been curious about using an electronic vapor product?

3	Very curious
2	Somewhat curious
1	A little curious
0	Not at all curious
9	Don't know



## C Quitting and Quit Methods

### Current smokers

#### Numeric Question #1

Base: IF CGNOW\_2 = 2 or 1 (every day or some days)

#### CGQTATPY\_2 [Q]

In total, how many times since August 2015 have you tried to quit smoking cigarettes completely? If you have not tried to quit smoking cigarettes completely since August 2015, please enter 0.

\_\_\_\_\_times [RANGE, ALLOW 0-365]

### Current smokers who have tried to quit completely since August 2015

#### Single-Response Question #1

Base: IF CGNOW\_2 = 2 or 1 (every day or some days) and CGQTATPY\_2 > 0 (at least one attempt to quit smoking completely since August 2015)

CGQTATMT\_2. Since August 2015, have you stopped smoking cigarettes for one day or longer because you were trying to quit?

1	Yes
0	No
9	Don't know

### Current smokers

#### Single-Response Question #1

Base: IF CGNOW\_2 = 2 or 1 (every day or some days)

CGQTPLN\_2. What best describes your plans regarding quitting smoking cigarettes?

5	Intend to quit in the next 7 days
4	Intend to quit in the next month
3	Intend to quit in the next 6 months
2	Intend to quit in the next year
1	Intend to quit someday, but not within the next year
0	Never plan to quit

### Respondents who do not currently smoke every day

#### Drop Down Question #2

Base: IF CGNOW\_2=0 (not at all) or 1 (Somedays)

#### CGLTSM\_2 [Q]

About how long has it been since you last smoked a cigarette? If less than a month ago, please enter the number of days. If more than a month ago, enter either the number of days or months since you last smoked. (If it was earlier today, enter 0 days).

\_\_\_\_\_Days [RANGE 0-365] \_\_\_\_\_Months [RANGE 1-12]

[S] Not sure

### If answer 'don't know' to CGLTSM\_2

#### Single-Response Question #1

Base: IF CGLTSM\_2=9 (don't know)

#### CGLTSM2\_2 [S]

Did you smoke your last cigarette within the past 6 months?

1	Yes
0	No

*Respondents who do not currently smoke every day or some days*

Single-Response Question #1

**Base: IF CGNOW\_2=0 (not at all)**

**CGQTSTAT\_2 [s]**

Have you completely quit smoking cigarettes?

1	Yes
0	No
9	Don't Know

*New Former smokers*

Drop Down Question #2

**Base: IF CGQTSTAT\_2=1**

**Scripter: If value entered is after the current date or before the year of birth, prompt for new value with text: The month and year you've entered is either in the future or occurs before you were born. Please enter a valid month and year**

**CGQTLT\_2 [Q]**

When did you completely quit smoking cigarettes?

\_\_\_\_ Month [RANGE 1-12] \_\_\_\_ Year [RANGE 2015-2016]

[s] Don't remember

**YEAR (YYYY) [NUMBER FIELD TO CAPTURE YEAR, 2015-2016]**

*Everyone*

Single-Response Question #1

**Base: All respondents**

**CGQTDR\_2 [s]**

Since August 2015, did any doctor, dentist, nurse, or any other health professional advise you to quit smoking?

1	Yes
2	No, was not advised to quit
3	No, did not see a health professional in past 12 months

*Non-current smokers*

Single-Response Question #1

**Base: IF CGNOW\_2 = 0 (not at all)**

**CGSMRLP\_2 [s]**

How likely are you to go back to smoking cigarettes in the future?

-2	Very unlikely
-1	Somewhat unlikely
0	Neither unlikely nor likely
1	Somewhat likely
2	Very likely

Current smokers having more than one serious quit attempt since August 2015  
Grid Question #3 – with Repeat Headers and Static Highlighting

Base: IF CGQTATPY\_2 > 0 or -9 (1 or more times, refused)  
Scripter: Randomize order of items and split across three screens (do not record)  
Prompt once

**CGQSPY1\_2- CGQSPY10\_2 [GRID]**

Since August 2015, have you done any of the following to **try to quit smoking?**

CGQSPY1\_2. Gave up cigarettes all at once?

CGQSPY2\_2. Gradually cut back on cigarettes?

CGQSPY3\_2. Switched **completely** to electronic vapor products such as e-cigarettes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), or e-vaporizers?

CGQSPY4\_2. **Substituted some** of my regular cigarettes with electronic vapor products, such as e-cigarettes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), e-vaporizers, or tanks?

CGQSPY5\_2. Switched to mild or some other brand of cigarettes **to try to quit smoking?**

CGQSPY6a\_2. Used nicotine replacements like the nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, or nicotine inhaler?

CGQSPY6b\_2. Used medications like Wellbutrin, Zyban, bupropion, Chantix, or varenicline?

CGQSPY7\_2. Got counseling, help from a telephone help or quit line, a website such as Smokefree.gov, books, pamphlets, videos, a quit tobacco clinic, class, or support group, or an internet or web-based program, or from a doctor or other health professional?

CGQSPY8\_2. Used little cigars, filtered cigars or cigarillos **to try to quit smoking cigarettes?**

CGQSPY9\_2. Used any of the following: traditional cigars, snus, chewing tobacco, dip or snuff, dissolvables, hookah, or "heat-not-burn" **to try to quit smoking cigarettes?**

CGQSPY10\_2. Relied on the support of friends and family to help you quit smoking cigarettes?

1=Yes

0=No

*New former smokers*

Grid Question #3 – with Repeat Headers and Static Highlighting

Base: CGQTSTAT\_2=1  
Scripter: Randomize order of items and split across three screens (do not record)  
Prompt once

**CGQS1\_2- CGQS10\_2 [GRID]**

Now, think about the time you **quit smoking for good.** When you quit smoking for good, did you do any of the following?

CGQS1\_2. Gave up cigarettes all at once?

CGQS2\_2. Gradually cut back on cigarettes?

CGQS3\_2. Switched **completely** to electronic vapor products, such as e-cigarettes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), e-vaporizers, or tanks?

CGQS4\_2. **Substituted some** of my regular cigarettes with electronic vapor products, such as e-cigarettes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), e-vaporizers, or tanks?

CGQS6a\_2. Used nicotine replacements like the nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, or nicotine inhaler?

CGQS6b\_2. Used medications like Wellbutrin, Zyban, bupropion, Chantix, or varenicline?

CGQS7\_2. Got counseling, help from a telephone help or quit line, a website such as Smokefree.gov, books, pamphlets, videos, a quit tobacco clinic, class, or support group, or an internet or web-based program, or from a doctor or other health professional ?

CGQS8\_2. Used little cigars, filtered cigars or cigarillos **to quit smoking cigarettes?**

CGQS9\_2. Used any of the following: traditional cigars, snus, chewing tobacco, dip or snuff, dissolvables, hookah, or "heat-not-burn" **to quit smoking cigarettes?**

CGQS10\_2. Relied on the support of friends and family to help you quit smoking cigarettes?

1=Yes

0=No

*Current smokers who have used NRT since August 2015 and new former smokers who used NRT in their last quit attempt*

Single-Response Question #1

**Base: IF CGQSPY6a\_2 = 1 (yes) or CGQS6a\_2 = 1 (yes)**

**CGCURNRT\_2 [s]**

Are you currently using a nicotine patch, gum, inhaler, nasal spray, lozenge or pill?

1	Yes
0	No
9	Don't Know

*Current and new former smokers who attempted to quit since August 2015, and are not new former or current ENDS users, and have used NRT since August 2015*

Single-Response Question #1

**Base: IF CGQSPY6b\_2 = 1 (yes) or CGQS6b\_2 = 1 (yes)**

**CGCURMED\_2 [s]**

Are you currently using Chantix, varenicline, Wellbutrin, Zyban, or bupropion?

1	Yes
0	No
9	Don't Know

*Recent former smokers*

Single-Response Question #1

**Base: IF SMOKER\_2 = 2 (recent former smoker)**

**CGRSAT1\_2 [s]**

Do you miss smoking cigarettes?

3	Yes, a lot
2	Yes, a little
1	No, not really
0	No, not at all

*Recent former smokers*

Single-Response Question #1

**Base: IF SMOKER\_2 = 2 (recent former smoker)**

**CGRSAT2\_2 [s]**

If smoking cigarettes was not harmful to your health, would you go back to it?

3	Definitely
2	Probably
1	Probably not
0	Definitely not

*Recent former smokers*

Single-Response Question #1

**Base: IF SMOKER\_2 = 2 (recent former smoker)**

**CGRSAT3\_2 [s]**

Does smoking cigarettes have any attraction for you now?

3	Yes, a lot
2	Yes, a little
1	No, not really
0	No, not at all

*Recent former smokers*

Single-Response Question #1

**Base: IF SMOKER\_2 = 2 (recent former smoker)**

**CGID\_2 [s]**

How do you think of yourself?

1	Definitely a nonsmoker
2	A reluctant nonsmoker
3	A smoker who is not smoking

*Recent former smokers*

Single-Response Question #1

**Base: IF SMOKER\_2 = 2 (recent former smoker)**

**CGRLP\_2 [s]**

Do you think you will ever smoke cigarettes again?

3	Definitely
2	Probably
1	Probably not
0	Definitely not

*Recent former smokers*

Single-Response Question #1

**Base: IF SMOKER\_2 = 2 (recent former smoker)**

**CGPUSH\_2A [s]**

Could something ever happen to push you back to smoking cigarettes?

3	Definitely
2	Probably
1	Probably not
0	Definitely not

*Everyone*

Single-Response Question #1

**Base: All respondents**

**CGURGE\_2 [s]**

How often do you get strong urges to smoke cigarettes?

0	Never
1	Less than daily
2	Once a day
3	Several times a day
4	Hourly or more often

*Everyone*

Single-Response Question #1

**Base: All respondents**

**CGENJ\_2 [s]**

In the last month, how often, if at all, did you think about how much you [if smoker\_2 (current smoker)=1: enjoy / if smoker\_2 (recent former smoker)=2: enjoyed] smoking cigarettes?

0	Never
1	Rarely
2	Sometimes
3	Often
4	Very often

*Recent former smokers*

Single-Response Question #1

**Base: IF SMOKER\_2 = 2 (recent former smoker)]**

**CGSUC\_2 [s]**

How sure are you that you will succeed in quitting smoking cigarettes for good at this attempt?

0	Not at all sure
1	Slightly sure
2	Moderately sure
3	Very sure
4	Extremely sure

### Section III: Other Product Usage

**[NEW SCREEN]**

**COMBUSTIBLE TOBACCO PRODUCTS**

**Base: All respondents**

Single-Response Question #1

**CTPLCNOW\_2 [s] [DOUBLE PROMPT]**

Do you now smoke little cigars, cigarillos, filtered cigars, or traditional/large/premium cigars every day, some days, rarely, or not at all?

3	Every day
2	Some days
1	Rarely
0	Not at all

**Base: All respondents**

**HBNOW\_2 [s] [DOUBLE PROMPT]**

Do you now use hookah or "narghile" pipe every day, some days, rarely, or not at all?

3	Every day
2	Some days
1	Rarely
0	Not at all

**Base: All respondents**

**NCNOW\_2 [s] [DOUBLE PROMPT]**

Do you now use chewing tobacco, dip or snuff, snus, or dissolvable tobacco every day, some days, rarely, or not at all?

3	Every day
2	Some days
1	Rarely
0	Not at all

[S] [DOUBLE PROMPT]

Current and former smokers who currently use EVPs  
Single-Response Question #1

Base: If smoker\_2=1 or 2 (current smoker or recent former smoker) and EVP\_2=1 or 2 (still/new current EVP user)

**ECCRAV\_2 [s]**

When I use electronic vapor products...

3	my cravings to smoke a cigarette are reduced completely
2	my cravings to smoke a cigarette are reduced a lot
1	my cravings to smoke a cigarette are reduced a little
0	my cravings to smoke a cigarette are not reduced at all
-7	Not applicable – I do not have cravings to smoke a cigarette

Those who have used EVPs in the past 30 days or past year  
Single-Response Question #1

Base: ECUSE30\_2 = 1 (yes) or ECUSEYR\_2 = 1 (yes)

**ECEJVSCG\_2 [s]**

How would you compare the experience of using electronic vapor products to smoking regular cigarettes?

1	Electronic vapor products are more enjoyable
0	Equally enjoyable
-1	Electronic vapor products are less enjoyable

Current EVP user  
Grid Question #3 – with Repeat Headers and Static Highlighting

Base: IF EVP\_2 = 1 OR 2 (Still/new current user)

Scripter: Randomize and record order of items ecresn1\_2-ecresn9\_2

Add header in middle and end of grid

**ECRESN\_2\* [grid]**

The next questions are about the reasons people use electronic vapor products. For each reason listed, please indicate how important it is to you in your use of electronic vapor products.

Not at all important						Very important
0	1	2	3	4	5	6

**ECRESN1\_2.** I could use them in places where regular cigarette smoking isn't allowed

**ECRESN2\_2.** Electronic vapor products are less harmful to me than regular cigarettes

**ECRESN3\_2.** Electronic vapor products are less harmful to those around me than regular cigarettes

**ECRESN4\_2.** Electronic vapor products could help me quit smoking regular cigarettes

**ECRESN5\_2.** Electronic vapor products could help me reduce the number of regular cigarettes I smoke

**ECRESN6\_2.** Using an electronic vapor product feels like smoking a regular cigarette

**ECRESN7\_2.** Electronic vapor products are more acceptable than regular cigarettes

**ECRESN9\_2.** They come in flavors I like

**ECRESN10\_2.** They are affordable

Single-Response Question #1

Base: All respondents

**ECQTEFF\_2 [s]**

In your opinion, cigarette smokers who also use electronic vapor products while trying to quit smoking cigarettes are...

1	more likely to quit smoking cigarettes.
-1	less likely to quit smoking cigarettes.
0	equally likely to quit smoking cigarettes.

*Current EVP users*

Single-Response Question #1

**Base: IF EVP\_2 = 1 OR 2 (still/new current users)**

**ECFUTUSE\_2 [s]**

Which of the following best describes your thoughts on using electronic vapor products in the future?

1	I will probably use electronic vapor products for only a short time
2	I will probably continue using electronic vapor products for a long time
9	I don't know

Single-Response Question #1

**Base: All respondents**

**ECHMVSCG\_2 [s]**

Is using electronic vapor products less harmful, about the same, or more harmful than smoking regular cigarettes?

-1	Less harmful
0	About the same level of harm
1	More harmful
9	I don't know

**END OF QUESTIONNAIRE**

**[INSERT STANDARD CLOSE]**